

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

| | |
|------------------------|----------------|
| Application Number | 10/572,737 |
| Filing Date | March 21, 2006 |
| First Named Inventor | LOFTY, W. |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | SAI-003.01 |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number : 25,181

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

25,181

OR

☐ Firm or
Individual Name

Foley Hoag LLP

Address

City

State

ZIP

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Wael Mohamed Nabil LOFTY

Name

Wael Mohamed Nabil LOFTY

Date

25/12/2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.